| DATE: 1/7/00   | FROM: R. STEPHEN ]   | DILDINE JE (print name)                |
|--|--|--|
|  | REASON(S):   |  |
| FORWARD TO:  | A. You had Parent  | (check box)                            |
| A. Art Unit:   | B. See Title   | (check box)                            |
| B. Class: 358  | C. See Abstract  | (check box)                            |
| C Subclass: ///  | D. See Claim(s):   |  |
| FURTHER EXPLANATION IF NE  | Printing   |  |
| DATE:  | FROM:  | (print name)                           |
|  | REASON(S):   |  |
| FORWARD TO:  | A. You had Parent  | (check box)                            |
| A. Art Unit:   | B. See Title   | (check bax)                            |
| B. Class:  | C. See Abstract  | (check box)                            |
|  | <del>-</del> :   | ······································ |
|  | D. See Claim(s):   |  |
| C Subclass:  FURTHER EXPLANATION IF NE   |  | (print name)                           |
| FURTHER EXPLANATION IF NE  | FROM:  | (print name)                           |
| FURTHER EXPLANATION IF NE  | EDED:  | (print name)                           |
| FURTHER EXPLANATION IF NE  | FROM: REASON(S):   |  |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S):  A. You had Parent   | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S):  A. You had Parent  B. See Title   | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:  | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:  ASSIFICATION CLASSIFIER:  | (check box)                            |
| FURTHER EXPLANATION IF NE  | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:  ASSIFICATION CLASSIFIER: REASON(S):                                   | (check box)                            |
| FURTHER EXPLANATION IF NE  DATE:  FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF NE  DISPOSITION BY 2700 CLA  DATE:  FORWARD TO:        | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:  ASSIFICATION  CLASSIFIER: REASON(S): A. You had Parent                | (check box)                            |
| FURTHER EXPLANATION IF NE  FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF NE  DISPOSITION BY 2700 CLA  DATE:  FORWARD TO:  A. Art Unit: | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  EDED:  ASSIFICATION  CLASSIFIER:  REASON(S): A. You had Parent B. See Title | (check box) (check box)                |
| FURTHER EXPLANATION IF NE  DATE:  FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF NE  DISPOSITION BY 2700 CLA  DATE:  FORWARD TO:        | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:  ASSIFICATION  CLASSIFIER: REASON(S): A. You had Parent                | (check box) (check box) (check box)    |

**FURTHER EXPLANATION IF NEEDED:** 

2700 INTERNAL TRANSFER REQUEST FOR S.N. 09/430466